

Enclosure C

***Fiscal Year 2010-2011  
Fraud Investigations and Program Integrity Efforts  
Solano County Plan***

The Program Integrity Unit (PIU) is part of the In-Home Supportive Services (IHSS) program in the Older and Disabled Adult Services (ODAS) division in the Health and Social Services Department (H&SS). The two functions in PIU are fraud investigations and Quality Assurance/Quality Insurance (QA/QI). Day-to-day supervision, with the exception of the Welfare Fraud Investigator (Investigator), is done by the ODAS Administrator and the IHSS Program Manager. The Investigator is housed in the Special Investigations Bureau (SIB) and supervised by the Chief Welfare Fraud Investigator.

PIU was fully staffed in April 2010. PIU staff in FY2010/11 for fraud investigations will include 1 FTE Investigator, 1.5 FTE two positions Social Worker IIIs Limited Term and .75 FTE Office Assistant II Limited Term. Overall coordination of the fraud investigations component is done by the Fraud Prevention Task Force made up of staff from IHSS (including the QA/QI Social Worker), Special Investigations Bureau and the Public Authority. The Task Force meets once a month.

**Current and Proposed Anti-Fraud Activities**

Current core anti-fraud activities are:

- Unannounced verification visits to recipients and providers by the Investigator
- Social Worker follow-up to Investigator visits for such things as change of address, death, unable to locate and refusal to cooperate
- Unannounced home visits with a reassessment by the Social Workers (*These reassessment visits are almost twice as long as those being done by case-carrying social workers in an attempt to identify and/or prevent fraudulent activities.*)
- Social Worker investigation of fraud referrals, identifying overpayments, initiating a recovery plan, monitoring recovery, and making referrals to Department of Health Care Services (DHCS) for prosecution

- Referrals from case-carrying social workers when there are frequent provider changes and the providers have complaints about the recipient
- Follow-up of alerts on various CMIPS reports – providers working more than 300 hours, no time sheet activity for more than 60 days, and out-of-state warrants
- Referrals from the Public Authority for an unannounced visit by the Investigator
- Verifying signatures on time sheets
- Doing matches on the death list and hospital list
- Articles and reminders in the Public Authority quarterly newsletter
- New provider orientations

Timely reassessments are an important part of fraud prevention. And, we are seeking to find as many ways as possible for reassessments to be done in a timely manner. For several years we had been carefully reviewing and revising our policies and procedures as part of a compliance plan to achieve 90% compliance with timely reassessments. We were able to improve from 69% to 82%. However, last December we lost 27% of our IHSS staff through early retirement incentives and regular retirements. Both staff members in QA/QI retired. In addition some ongoing social workers were laid off and replaced via bumping rights by social workers from child welfare services with no IHSS experience. In that process we also lost one position. We are still recovering from the impact of these staff issues.

We plan to begin the process of hiring four extra help social workers for IHSS ongoing caseloads. These social workers may have no IHSS experience. New staff with no IHSS experience stretches our staff development capabilities and means a learning curve of at least three months to be productive.

Anti-fraud activities expected for completion in the next three to four months are:

- Local messages for providers on pay stubs
- Obituary in local newspapers matches currently done by IHSS support staff will be done by PIU
- Jail matches will be done as the Public Authority gets in-custody hits from DOJ as a result of the background checks for provider enrollment
- Public Authority will match names of providers on the Overpayments Log with their Registry providers

## **Proposed Budget**

See Enclosure E.

### **Collaboration with the District Attorney**

In Solano County, welfare fraud investigations are done by the Special Investigations Bureau which is part of Solano County Health and Social Services. All referrals for prosecution will go DHCS and at the same time we send a copy of the referral to DOJ. PIU will make referrals directly to the Solano County District Attorney's Office when directed to do so by DHCS. Cases referred to DHCS are prosecuted in Sacramento County. Our staff will cooperate fully with the District Attorney's Office whenever a fraud case is prosecuted in Sacramento or Solano County.

### **Fraud Referrals/Outcomes**

The process for making a referral to the DHCS for prosecution is labor intensive. It is time consuming to get warrants in order to complete the referrals. Since April 2010 our policy is to refer to DHCS cases with over \$1000 in overpayments. *(Previously the policy was a threshold of \$2500.)* All fraud referrals will now be done by the two Social Workers in PIU. In the past we have not made referrals to the Solano County District Attorney for prosecution. We will only do so when directed by DHCS.

As directed fraud prosecution data will be tracked separately from other fraud activities. This will be in a format developed and monitored by the Administrative Assistant in ODAS.

### **Overpayments/Underpayments**

As the result of the FY 2009-2010 allocation and the formation of the PIU, we have revised our policy and procedures regarding overpayments. The current policy is that we will attempt to recover all overpayments, no matter how small. This will serve as an important education and prevention component of our overall mission. In addition, all overpayments over \$1000 *(rather than the \$2500 previous*

*threshold amount*) will be referred to the state for prosecution. Overpayments identified by QA/QI will be referred to fraud investigations staff for initiating a recovery plan and making referrals to the state for prosecution.

Our record keeping has changed dramatically. With all overpayments and fraud investigations assigned to one unit, we are able to track what overpayments have been identified, recovery plans initiated, and amounts that have been recovered.

The death list match from Public Health and the hospital match will now be done by PIU. The obituary matches from local newspapers will be done by PIU. These efforts all contribute to a more timely response to reduce the amount of overpayments and produce cost savings.

Underpayments will primarily be identified by QA/QI. When underpayments are identified, they will be referred to PIU social workers to research, make the corrections immediately and record the cost savings. Underpayment cost savings will be recorded in PIU monthly statistical reports.

IHSS case-carrying social workers have caseloads of more than 300. The PIU social workers are assisting with the burden by making the required changes in CMIPS for death, change of addresses, overpayments and underpayments identified by PIU. This means that overpayments/underpayments are addressed as quickly as possible.

Most overpayments have been when the recipient has been hospitalized. Moving to another county and death are less identified as the cause of overpayments we have addressed thus far. Major education efforts via local messages on provider pay stubs will focus on the importance of notifying the case-carrying social worker when the recipient is hospitalized, has moved to another county or has died. For a number of years, we have been very successful in finding death matches quickly by reviewing obituaries in local newspapers.

**Collaboration and Partnership with  
California Department of Health Care Services  
and the California Department of Social Services**

All situations with overpayments more than \$1000 will be referred to DHCS for prosecution. At the same time we send information to the Department of Justice (DOJ). PIU social workers and administrative staff have had telephone and in-person contact with investigators from DHCS and DOJ. PIU social workers will initiate personal contact with DHCS and DOJ investigators when a referral is made.

We will prepare plans, budgets and statistical reports as required by CDSS. ODAS Administrative staff regularly attends meetings where CDSS staff is present.

**Mechanisms for Tracking/Reporting**

We have developed and are perfecting a series of Excel spreadsheets to serve as logs for the various PIU activities. Logs are posted on our ODAS Intranet site for shared PIU and IHSS case-carrying social worker use and administrative monitoring. Access to read the logs is limited to IHSS staff. An administrative assistant in ODAS prepares a monthly PIU report compiling overpayment/underpayment and fraud investigation statistics as well as work activity statistics from PIU staff for administrative review. Data reporting will also be done monthly in the format required by CDSS to facilitate the completion of the annual report.

The reports of fraud investigations by the two PIU social workers are posted on the ODAS Intranet site. There the case-carrying social worker can see the progress and the results of the investigation. For confidentiality reasons, County Counsel has told us that fraud investigation reports should not be filed in the regular IHSS case record. In case notes in the IHSS case record there will be a notation that the request for an investigation has been made and when the investigation is completed a notation about the results.

As directed fraud prosecution data will be tracked separately from other fraud activities. This will be in a format developed and monitored by the Administrative Assistant in ODAS.

## **Annual Outcomes Report**

Outcomes will be reported monthly in the PIU Monthly Report for H&SS administrative review. Outcomes will be reported annually as required by CDSS.

## **Additional Comments**

Our FY 2009-2010 initial allocation was utilized to fully staff the Program Integrity Unit by April 2010. Staff in FY 2009-2010 included 1 FTE investigator, 2 FTE Social Worker IIIs Extra Help and 1 FTE Office Assistant II Extra Help. The Investigator in the unit had previously done the unannounced home visits initiated by the Department almost three years before the State mandates. This was a recommendation by the Solano County Grand Jury. The two social workers hired are very experienced and highly skilled IHSS workers. With this wealth of experience and skill, we were able to very quickly implement a range of anti-fraud prevention activities, investigations and preparation for referrals to the State for prosecution.

As a result of fraud investigations being centralized within PIU instead of with individual case-carrying social workers, record keeping/tracking has greatly improved. Corrective action occurs faster for over and underpayments. In last three months of FY 2009-2010 the cost savings for reducing the number of authorized IHSS hours was \$35,355.60 and the cost savings from terminating cases that no longer needed services was \$9,770.40.

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**August 11, 2010**